Reference
703071253

Total Amount Due
$2,050.99

P.O. BOX 938
VERO BEACH, FL 32961

Toll Free Number
(866) 861-5848

002256
0101

07/30/2015

39809*TES113L3F000887

CHECK CARD USING FOR PAYMENT

CARD NUMBER | SIGNATURE CODE

AMOUNT | EXP. DATE

SIGNATURE

MAKE CHECK PAYABLE AND REMIT TO:

BROOKE L MORRIS
52 ASHBROOKE
TROY, IL 62294-2493

MEDICAL REVENUE SERVICE
P.O. BOX 938
VERO BEACH, FL 32961-0938

☐ CHECK HERE IF ADDRESS OR INSURANCE INFORMATION IS INCORRECT AND INDICATE CHANGE ON REVERSE SIDE

Page 1 of 1

▼DETACH HERE ▲ND RETURN TOP PORTION WITH YOUR PAYMENT

1002

MEDICAL REVENUE SERVICE
P.O. BOX 938
VERO BEACH, FL 32961

Toll Free Number (866) 861-5848

07/30/2015

Medical Revenue Service is a collection agency. The account(s) indicated below has been placed with our office for collection.

Unless you notify this office within 30 days after receiving this notice that you dispute the validity of this debt or any portion thereof, this office will assume this debt is valid. If you notify this office in writing within 30 days from receiving this notice that you dispute the validity of this debt or any portion thereof, this office will obtain verification of the debt or obtain a copy of a judgment and mail you a copy of such judgment or verification. If you request this office in writing within 30 days after receiving this notice this office will provide you with the name and address of the original creditor, if different from the current creditor.

000007472-A

Please make your check or money order Payable to Medical Revenue Services. In order to assure proper credit to your account, include the reference number with your payment. We also accept credit card and "check by telephone" payments for your convenience. If you have any questions, you may contact one of our account representatives at the toll-free telephone number listed on this letter.

This is an attempt to collect a debt and any information obtained will be used for that purpose. This communication is from a debt collector.

Account #	Facility Name	Service Date	Balance	Patient Name
703071253	Barnes-Jewish Hospital	10/21/2014	$2,050.99	Morris, Brooke L

TOTAL AMOUNT DUE: $2,050.99

Financial assistance may be available to you. Please contact 1-866-861-5848 for further information about our financial assistance programs. If you do not qualify for financial assistance, we will work with you to establish a non-interest payment plan. If you have applied for assistance in the past, you may reapply at any time to ensure we are aware of your most current financial situation. Our hours of operation are 8AM to 7PM Monday through Friday Eastern Standard Time. Nuestras horas laborales son de 8AM a 7PM de lunes a viernes.

PL1S

IF ANY OF THE FOLLOWING HAS CHANGED SINCE YOUR LAST STATEMENT, PLEASE INDICATE . . . .

ABOUT YOU:

YOUR NAME (Last, First, Middle Initial)

ADDRESS

CITY STATE ZIP

TELEPHONE
( )

MARITAL STATUS
☐ Single ☐ Married ☐ Separated ☐ Divorced ☐ Widowed

EMPLOYER'S NAME TELEPHONE
( )

EMPLOYER'S ADDRESS CITY STATE ZIP

ABOUT YOUR INSURANCE:

YOUR PRIMARY INSURANCE COMPANY'S NAME EFFECTIVE DATE

PRIMARY INSURANCE COMPANY'S ADDRESS PHONE

CITY STATE ZIP

POLICYHOLDER'S ID NUMBER GROUP PLAN NUMBER

YOUR SECONDARY INSURANCE COMPANY'S NAME EFFECTIVE DATE

SECONDARY INSURANCE COMPANY'S ADDRESS PHONE

CITY STATE ZIP

POLICYHOLDER'S ID NUMBER GROUP PLAN NUMBER